

ARTIFACT SHEET

Enter artifact number below. Artifact number is application number + artifact type code (see list below) + sequential letter (A, B, C ...). The first artifact folder for an artifact type receives the letter A, the second B, etc..
Examples: 59123456PA, 59123456PB, 59123456ZA, 59123456ZB

09124253 Z A

Indicate quantity of a single type of artifact received but not scanned. Create individual artifact folder/box and artifact number for each Artifact Type.

☐

CD(s) containing computer program listing

Doc Code: Computer

Artifact Type Code: P

☐

Stapled Set(s) of Extra Color Drawings/Photographs

Doc Code: Artifact

Artifact Type Code: C

☐

CD(s) containing pages of specification
and/or sequence listing

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Doc Code: Artifact

Artifact Type Code: S

☐

CD(s) with content unspecified

Doc Code: Artifact

Artifact Type Code: U

☐

Microfilm(s)

Doc Code: Artifact

Artifact Type Code: F

☐

Video tape(s)

Doc Code: Artifact

Artifact Type Code: V

☐

Model(s)

Doc Code: Artifact

Artifact Type Code: M

☐

Bound Document(s)

Doc Code: Artifact

Artifact Type Code: B

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Other, description:

birth certificate

Doc Code: Artifact

Artifact Type Code: Z



AT THE COUNTY OF BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS
STATE OF SOUTH CAROLINA
ENVIRONMENTAL HEALTH DIVISION
ASSISTANT STATE REGISTRAR

DELAYED

19 047548

1. PLACE OF BIRTH

County of Bladen
Township of Ward
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3906

FILE No.—For State Registrar Only

0689

Registered No. (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Wilbur Lamar Edison (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy 4. Twin, triplet or other None 5. Number, in order of birth 1 6. Premature Yes 7. Are Parents Married? Yes 8. Date of birth July 23 1919
(Month, day, year)

9. Full name Arthur Roland Edison FATHER 18. Name before marriage Julia Anne Corley MOTHER

10. Residence (mailing address) Ward, SC. (If non-resident, give place and State) 19. Residence (mailing address) Ward, SC. (If non-resident, give place and State)

11. Color or race White 20. Color or race White 21. Age at last birthday 60 (Years) 22. Age at last birthday 32 (Years)

13. Birthplace (city or place) Ward, SC. (State or country) 22. Birthplace (city or place) Port Augusta, SC. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Lawkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 1919 17. Total time (years) spent in this work 19 25. Date (month and year) last engaged in this work 1919 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, (a) Before labor (b) During labor (c) After labor (d) Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P.m. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at M. on above date. (Name of Prophylactic)

Cleft Palate None Hare Lip None Other Deformities None

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. J. Kessler M.D.

or Mark D. C. Midwife

Address Ward, SC.

Filed 12-6-40 Martin B. Woodward, M.D. Registrar